

REC'D MAY 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Putnam 1 Registration District No. 718
Township Primary Registration District No. 6730
City Unionville (No. St. Ward)

15608

File No. 15
Registered No.

2. FULL NAME

Seth Brice (1938)

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 years Farm

10. Date deceased last worked at this occupation (month and year) Sept 1926
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Putnam Co Mo
(STATE OR COUNTRY)

MOTHER 13. NAME Samuel Brice

14. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Agnes Montgomery

16. BIRTHPLACE (CITY OR TOWN) Putnam Co Mo
(STATE OR COUNTRY)

17. INFORMANT Joe Brice
(ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville DATE April 28, 1938

19. UNDERTAKER Comstock Ware Co
(ADDRESS) Unionville Mo

20. FILED April 28, 1938 N. W. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, that I attended deceased from Nov - 11, 1936, to April 26, 1938.

I last saw him alive on Apr. 19, 1938. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis 12 yrs
Chronic myocarditis 18 yrs

Other contributory causes of importance:

Name of operation Prost. Removed Date of 1937
What test confirmed Autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Neal Parker, M. D.
(Address) Unionville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

131-

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

156087
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718
(b) Township _____ Primary Registration District No. 6430 Registered No. 15
(c) City Unionville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Seth Brice
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 5 14

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Chronic nephritis
Chronic Myo Carditis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: 131

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Prostate removed Date of 1/2/39

What test confirmed diagnosis Electrolytic Was there an autopsy Yes

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in each of the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in factory, in home, or in public place _____

17. INFORMANT (ADDRESS)

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Walter Martin, M. D.

(Address) Unionville Mo.

20. FILED _____, 19____ Local Registrar.

SUPPLEMENTARY

CAUSE OF DEATH IN PLAIN LANGUAGE. Exact statement of OCCUPATION is very important. If classified. Exact statement of OCCUPATION is very important. REGISTERED IN PLAIN LANGUAGE. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-15608-1938